

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Vote!</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mission Control, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2016</b>	
Mailing Address <b>624 Hebron Ave</b>		Amount <b>6495.45</b>	
City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-2470</b>	Transaction ID : <b>VN7A7A2CXA4</b>
Purpose of Expenditure <b>Mailhouse</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 18 / 2016</b>	
Name of Federal Candidate <b>Susannah Randolph</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>114799.04</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mission Control, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2016</b>	
Mailing Address <b>624 Hebron Ave</b>		Amount <b>3247.73</b>	
City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-2470</b>	Transaction ID : <b>VN7A7A2CXB2</b>
Purpose of Expenditure <b>Mailhouse</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 18 / 2016</b>	
Name of Federal Candidate <b>Dena Grayson MD, PHD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>114799.04</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>9743.18</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY  
**08 / 19 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Vote!</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mission Control, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2016</b>		
Mailing Address <b>624 Hebron Ave</b>			Amount <b>3247.72</b>		
City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-2470</b>	Transaction ID : <b>VN7A7A2CXC0</b>		
Purpose of Expenditure <b>Mailhouse</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 18 / 2016</b>		
Name of Federal Candidate <b>Darren Soto</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought <b>114799.04</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Moxie Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2016</b>		
Mailing Address <b>PO Box 30084</b>			Amount <b>11726.05</b>		
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98113-2084</b>	Transaction ID : <b>VN7A7A2CXD7</b>		
Purpose of Expenditure <b>Mailhouse</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 18 / 2016</b>		
Name of Federal Candidate <b>Annette Taddeo</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <b>26</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought <b>52369.45</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>14973.77</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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Caroline Fines

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Vote!</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Moxie Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2016</b>	
Mailing Address <b>PO Box 30084</b>		Amount <b>6040.69</b>	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98113-2084</b>	Transaction ID : <b>VN7A7A2CXE5</b>
Purpose of Expenditure <b>Mailhouse</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 18 / 2016</b>	
Name of Federal Candidate <b>Joe Garcia</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>26</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>52369.45</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>6040.69</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>30757.64</b>

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